

.....
Application filling date

.....
Name and surname of the applicant

.....
Student ID No.

.....
Year of the program, semester, field of study, level* and mode** of study

.....
Mailing address

.....
Phone number and e-mail address

Dean of the Faculty
of Wrocław Medical University

**APPLICATION
for a leave**

I hereby apply for a short-term/long-term*** leave to be granted under the rules specified in the Academic Regulations of Wrocław Medical University, for the period:

from **to** in the academic year of 20.... / 20....

Justification:

.....
.....
.....

Attachments:

- 1)
- 2)
- 3)

(date and legible signature of the applicant)

The Dean's response to the application:

I hereby grant/refuse to grant*** to Mr/Ms
a short-term/long-term*** leave for the period **from** **to** in the
academic year of 20.... / 20....

Justification:

.....
.....

(date, seal and signature of the Dean)

* level of study: first cycle program, second cycle program, full cycle Master's degree program
** mode of study: full-time, part-time
*** delete as appropriate